ttorney Docket No.	040072-266

COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Digital Communication	on Systems Having Decreased Memory	
specification of which (check only one item	n below):	
☐ is attached hereto, and was amended	l on (if applicable).	
■ was filed as United States application	number 10/763,755 on January 23, 2004	
and was amended on	(if applicable).	
■ was filed as PCT international applica	ation number on	
and was amended on	(if applicable).	

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§119 (a)-(d), 172 or 365 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (MM/DD/YYYY)	PRIORITY CLAIMED UN 35 U.S.C. §§119, 172 or	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Application No. <u>10/763,755</u> Attorney Docket No. <u>040072-266</u>

I hereby appoint the attorneys and agent(s) associated with the following PTO Customer Number of Burns, Doane, Swecker & Mathis, L.L.P. to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

Customer Number 2 1 8 3 9

Address all correspondence to:

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Customer Number 2 1 8 3 9

P.O. Box 1404

Alexandria, Virginia 22313-1404

Address a	all tele	phone	calls to:	Theodosios	Thomas

at (919) 941-9240.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR			
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNA	AME	
Elias	JONSSON		
INVENTOR'S SIGNATURE Elias Junua		DATE 18 34 MAS 2004	
RESIDENCE (City, State & Country)		CITIZENSHIP	
Malmö,SWEDEŇ		SWEDEN	
MAILING ADDRESS (Complete Street Address including City, State Södra Promenaden 3 SE-211 29 Malmö SWEDEN	e, Zip & Country)		
NAME OF SECOND INVENTOR			
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNA	AME	
Andreas	CEDERGREN		
INVENTOR'S SIGNATURE		18 of May 2004	
RESIDENCE (City, State & Country)		CITIZENSHIP	
Lund, SWEDEN		SWEDEN	
MAILING ADDRESS (Complete Street Address including City, State Lagerbringsvägen 8A SE-224 60 Lund, SWEDEN	e, Zip & Country)		
NAME OF THIRD INVENTOR			
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNA	AME	
INVENTOR'S SIGNATURE		DATE	
RESIDENCE (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State	e, Zip & Country)		